


JOSIAH MACY JR. FOUNDATION
FACULTY SCHOLARS PROGRAM
ANNUAL MEETING

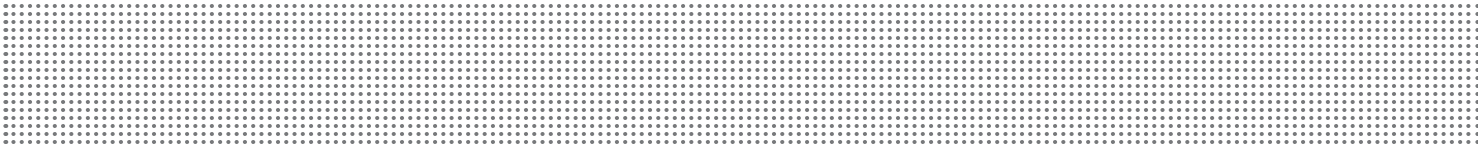


JUNE 10, 2013

ROOSEVELT HOUSE
47-49 EAST 65TH STREET
NEW YORK, NY 10065



Cover Photo: **First Row:** (Left to right) Wrenetha Julion, Sandrijn van Schaik, Ted James, Wendy Madigosky, Kenya Beard, Eve Colson; **Second row:** Dena Hassouneh, Diana Mason, Amy Barton, Christine Tanner, George Thibault, Afaf Meleis, Roberta Waite, Tania Bertsch, Stephen Schoenbaum; **Third Row:** Alan Dow, David Irby, Kelley Skeff, Jennifer Myers, Daniel Federman, David Ansell





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INTRODUCTION

The Second Annual Meeting of the Macy Faculty Scholars was held on June 10, 2013 at the historic Roosevelt House in New York City.

Assembled for a full day of discussion and socializing were the first two classes of Macy Faculty Scholars, the mentors of the class of 2012, the National Advisory Committee, and Macy Foundation staff. Daniel D. Federman, MD, Carl W. Walter Distinguished Professor of Medicine at Harvard Medical School was an invited guest. He provided personal career stories and advice over lunch, and he enriched the discussion throughout the day. We also were fortunate that two Macy Board members (Chair, Bill Wright and George Campbell) were able to participate.

The discussions were “dazzling” (to use a favorite Federman adjective). The 2012 cohort of scholars have already made enormous progress in their projects in the areas of quality and patient safety, cultural competence, community engagement and teamwork. The work of the 2011 Scholars has matured, and their presentations and comments reflected their growing institutional and national roles. The engagement of the mentors and the national advisory group provided further insights and inspiration for the scholars.

At a time when much concern is being expressed about the future of health care in this country, there is no better antidote for any hint of negativity than to spend time with these energetic and idealistic future leaders. I left the day more optimistic than ever about the future.

George E. Thibault, MD





2012 Macy Faculty Scholars

AGENDA



LIGHT BREAKFAST 8:30 – 9:00

WELCOMING REMARKS 9:00 – 9:15

George Thibault, MD – President

MODERATED BY GEORGE THIBAUT, MD 9:15 – 12:30

SANDRIJN M. VAN SCHAİK, MD, PHD 9:15 – 10:00

Presentation	10 Minutes
Mentor Commentary (David Irby)	5 Minutes
NAC Mentor Commentary (Kelley Skeff)	5 Minutes
Discussion	25 Minutes

WENDY MADIGOSKY, MD, MSPH 10:00 – 10:45

Presentation	10 Minutes
Mentor Commentary (Amy Barton)	5 Minutes
NAC Mentor Commentary (David Irby)	5 Minutes
Discussion	25 Minutes

Break 10:45 – 11:00

WRENETHA A. JULION, PHD, MPH, RN 11:00 – 11:45

Presentation	10 Minutes
Mentor Commentary (David Ansell)	5 Minutes
NAC Mentor Commentary (Christine Tanner)	5 Minutes
Discussion	25 Minutes

TED JAMES, MD, FACS 11:45 – 12:30

Presentation	10 Minutes
Mentor Commentary (Tania Bertsch)	5 Minutes
NAC Mentor Commentary (Christine Tanner)	5 Minutes
Discussion	25 Minutes

LUNCHEON 12:30 – 2:00

Conversation with Daniel D. Federman, MD

MODERATED BY STEPHEN SCHOENBAUM, MD 2:00 – 5:15

KENYA BEARD, EDD, GNP-BC, NP-C, ACNP-BC 2:00 – 2:45

Presentation	10 Minutes
Mentor Commentary (Diana Mason)	5 Minutes
NAC Mentor Commentary (Samuel Thier)	5 Minutes
Discussion	25 Minutes

INTRODUCTION OF CLASS OF 2011 SCHOLARS 2:45 – 2:50

EVE COLSON, MD 2:50 – 3:10

ALAN DOW, MD, MSHA 3:10 – 3:30

DENA HASSOUNEH, PHD, ANP, PMHNP 3:30 – 3:50

Break 3:30 – 4:10

JENNIFER MYERS, MD 3:10 – 3:30

ROBERTA WAITE, EDD, APRN, CNS-BC 3:30 – 3:50

SUMMARY COMMENTS 4:45 – 5:15

George Thibault, MD – President

RECEPTION & DINNER 5:30 – 8:00

Scholars, Mentors, NAC, Macy Staff & Board

ANNUAL MEETING ATTENDEES



2011 SCHOLARS

(Back Row Left to Right)

ROBERTA WAITE,
EDD, APRN, CNS-BC

DENA H. HASSOUNEH,
PHD, ANP, PMHNP

ALAN DOW, MD, MSHA

EVE R. COLSON, MD

JENNIFER S. MYERS, MD

2012 SCHOLARS

(Front Row Left to Right)

WRENETHA A. JULION,
PHD, MPH, RN, FAAN

SANDRIJN M. VAN SCHAIK,
MD, PHD

TED JAMES, MD, FACS

WENDY MADIGOSKY,
MD, MSPH

KENYA BEARD,
EDD, GNP-BC, NP-C, ACNP-BC

2012 MENTORS

DIANA MASON, PHD, RN, FAAN

TANIA BERTSCH, MD

DAVID ANSELL, MD, MPH

AMY BARTON, PHD, RN, FAAN

DAVID M. IRBY, PHD (NAC MEMBER)





NATIONAL ADVISORY COMMITTEE

(Left to right)

- CHRISTINE A. TANNER, PHD, RN, FAAN
- DAVID M. IRBY, PHD
- GEORGE E. THIBAUT, PRESIDENT
- AFAF I. MELEIS, PHD, DRPS (HON), FAAN
- KELLEY M. SKEFF, MD, PHD
- SAMUEL O. THIER, MD (Not pictured)

MACY STAFF

(Not pictured)

- GEORGE E. THIBAUT, MD
- PETER GOODWIN, MBA
- STEPHEN C. SCHOENBAUM, MD, MPH
- TODD GOODWIN
- YASMINE R. LEGENDRE, MPA
- ELLEN WITZKIN

INVITED GUESTS & BOARD MEMBERS

DANIEL D. FEDERMAN, MD

Carl W. Walter Distinguished Professor of Medicine, Harvard Medical School

GEORGE CAMPBELL JR., PHD

Josiah Macy Jr. Foundation Board Member

WILLIAM H. WRIGHT II

Josiah Macy Jr. Foundation Board Member and Chair







2012 FACULTY SCHOLAR BIOGRAPHIES



KENYA BEARD, EDD, GNP-BC, NP-C, ACNP-BC

Hunter College of the City University of New York

Dr. Beard is assistant professor at Hunter College and coordinates its Adult Nurse Practitioner program. She is also the founder of Long Island Adult Health, a nurse practitioner-owned and operated company that provides primary care to homebound patients. Beard serves on the board of directors of the National Black Nurses Association, Queens Chapter, where she has focused on strengthening the organization's mentorship program for minority nursing students.



TED JAMES, MD, FACS

The University of Vermont

Dr. James is associate professor of surgery at The University of Vermont College of Medicine and director of clinical simulation for the University's Interprofessional Clinical Simulation Laboratory. James has a history of successful interprofessional collaboration, partnering with physician and nursing educators, technologists, physician assistants and residents at the University, to develop and successfully implement innovative and effective education programs.



WRENETHA A. JULION, PHD, MPH, RN

Rush University

Dr. Julion is associate professor at Rush University Medical Center's College of Nursing. She is also a clinical instructor in the women and children's health nursing course, and co-course director of Nursing Research courses for both graduate and doctoral level nursing students. Julion also serves as academic advisor for Doctor of Nursing Practice and Graduate Entry Masters students.

WENDY MADIGOSKY, MD, MSPH

University of Colorado

Dr. Madigosky is associate professor of family medicine at the University of Colorado School of Medicine and director of the Foundations of Doctoring Curriculum within the School of Medicine which focuses on teaching fundamental clinical and professional skills to students within the first three years of medical school.



SANDRIJN M. VAN SCHAİK, MD, PHD

University of California, San Francisco

Dr. van Schaik is assistant professor of pediatrics and associate fellowship program director for the sub-specialty training program in pediatric critical care at UCSF. She also serves as education director of the University's Kanbar Center for Simulation, Clinical Skills and Telemedicine Education. Her academic career focus is on medical education and she is responsible for the development of various simulation and web-based curricula for pediatrics.






SANDRIJN M. VAN SCHAİK, MD, PHD

University of California, San Francisco

INTERPROFESSIONAL FEEDBACK: THE HIDDEN CHALLENGE

The overall goal of the project is to develop guidelines for interprofessional (IP) feedback, for use in health professions education and IP teamwork to ensure high quality patient care. The project has three specific aims: Specific Aim 1 studies perceptions about IP feedback among learners; Specific Aim 2 examines barriers and success factors for IP feedback by interviewing a variety of stakeholders, and Specific Aim 3 focuses on the actual development of guidelines with input of an expert panel. To date, Dr. van Schaik has completed data collection and most of the analysis for the first of two studies in Specific Aim 1; and has enrolled approximately two-thirds of the target population for the second study. Dr. van Schaik has also started to develop a framework for the vignettes that will guide interviews to be conducted as part of Specific Aim 2.

Specific Aim 1, to examine perceptions about IP feedback among learners, consists of two studies in two different educational contexts. The first study focused on students from seven professional schools who participated in a pre-existing interprofessional team exercise at UCSF. As part of the exercise, students provided each other with written, anonymous feedback. For this study, students rated the usefulness of the feedback they received, labeled the feedback sign (very negative – very positive) and guessed the source of the feedback. Dr. van Schaik enrolled 353 students into the study; 69% accessed the feedback and 63% completed the survey. Response rates varied between students from different schools (from 51% among dental students to 90% among nutrition students), but these differences were not statistically significant. Students generally perceived the feedback as useful (average score 4.0 on a 5-point scale) and there was no difference between students from different schools. Students from the various schools differed in how they rated the feedback sign, with dental students on average perceiving feedback as less positive than physical therapy students. Overall, feedback from students from different schools was perceived similarly, but in analyzing perceptions by recipient school, differences were noted: for example, nurse practitioner students perceived feedback as less positive if they thought it was from medical students compared to how other groups perceived feedback from medical students. In summary, students appear generally receptive to IP feedback, although it is notable that on average less than three-fourths of all students accessed the feedback. Differences exist in how students from different schools perceive feedback sign. Since the feedback literature suggests perceived feedback sign affects subsequent performance improvement, this may have implications for the effectiveness of IP feedback. One limitation of the study is that students may have insufficient experience and knowledge to identify useful feedback, and further content analysis of feedback comments is ongoing to examine whether students from the various schools differ in how they write feedback comments. In addition, the relative lack of experience with IP teamwork among early learners may influence their perceptions on IP feedback, and the second study in Specific Aim 1 therefore focuses on resident physicians whose workplace learning includes IP interactions. The second study also addresses the potential bias arising from social desirability in feedback rating, by manipulating subjects' knowledge regarding the source of the feedback. Study subjects include residents and staff nurses who participate in regularly scheduled interprofessional simulation-based team training sessions. Nurse and physician faculty familiar with simulation-based team training write anonymous feedback comments for study subjects based on video review of the session. Study subjects receive an email with a link to the feedback and a survey asking them to rate the usefulness and sign of the feedback, and to rank the



feedback comments according to usefulness and likelihood to motivate change. Subjects are randomized to two groups: group A receives all feedback comments without identification of the feedback source and is asked to guess the source (MD vs RN) for each comment, whereas group B receives feedback comments labeled as coming from an MD or RN, with half of the comments labeled correctly, and half of the comments reversely labeled. Thus far, 31 subjects have consented; target enrollment is 50 subjects (25 RNs and 25 MDs) based on power calculation using data from a pilot study. A total of 28 consented subjects completed the survey (90%); 11/15 (73%) of RNs and 16/16 (100%) of MDs. Dr. van Schaik plans to reach target enrollment by the end of August 2013.

For Specific Aim 2, Dr. van Schaik is planning a vignette-based interview strategy, which gives interviewees examples to actively engage with, and allows for exploration of implicit biases and values that may remain uncovered with open-ended questions. Vignettes will be based on findings from studies in Specific Aim 1, including process data, outcomes data, and feedback content. Examples are: 1) Differences between professional groups in completion rates of surveys point towards a difference in interest in IP feedback (process data); 2) Differences between professional groups in how they perceive feedback, and how their feedback is perceived by others (outcome data); 3) Specific comments seen as most useful and least useful by different professions (content data).

To obtain further information about the acceptability and applicability of IP feedback in educational and workplace settings, Dr. van Schaik is working on several other studies that were not in the original proposal. These include a study looking at residents' perceptions of IP 360 evaluations and a study piloting an IP teamwork skills assessment instrument was developed with Stemmler funding from the National Board of Medical Examiners. Both are in the planning phase with data collection planned for the next six months. Looking ahead and beyond the Macy Faculty Scholar award, Dr. van Schaik has started to design pilot projects to test feedback guidelines and is working on a proposal using simulated team training as a platform.

In addition to providing protected time to the studies outlined above, the Macy Scholarship is enabling Dr. van Schaik to grow her knowledge, skills, and collaborative networks in several ways: as a part-time resident of the Research and Development in Medical Education (RadME) offices at UCSF Dr. van Schaik is able to consult with experts in this group on a regular basis. Dr. van Schaik participated in the Harvard Macy Program for Educators in the Health Professions; attended the annual meetings of the AAMC, the WGEA, and Collaborations Across Borders. Finally, Dr. van Schaik pays bi-annual visits to the Center for Health Education Scholarship at the University of British Columbia, to meet with and learn from her mentors there, Kevin Eva and Glenn Regehr.



2012 FACULTY SCHOLAR PROJECT SUMMARIES



WENDY S. MADIGOSKY MD, MSPH

University of Colorado School of Medicine

ACHIEVING THE VISION—A LONGITUDINAL AND INTERPROFESSIONAL PATIENT SAFETY AND HEALTHCARE IMPROVEMENT CURRICULUM FOR THE ANSCHUTZ MEDICAL CAMPUS (AMC).

Project Objectives and Components:

1. Convene 'AMC Safety/QI Curriculum Group' consisting of faculty and students from each of the AMC health professions schools (dentistry, medicine, nursing, pharmacy, physical therapy, physician assistant)

Component	Status	Notes
Delineate the current status of safety and QI content/methods/evaluation for each school, identify gaps and opportunities for integration	On-going	Faculty and students from each of the 7 health professions schools have been identified and contacted. Conversations about current status of curriculum have begun.
Create an overarching safety and QI curricular model at the AMC including interprofessional and school-specific frameworks	On-going	Framework for model development selected (values → principles → curriculum)
Connect the assessment of student performance and achievements in safety and QI to student promotion and develop concrete ways to formally recognize AMC students for achieving both competency in professional knowledge, skills and attitudes and competency in safe care and QI	On-going	New items incorporated into medical student graduation surveys and post-graduation surveys (students and program directors)
Consider future opportunities and methods for the AMC to identify future students pre-matriculation who understand the need to both do the work of health care and also to improve it, and who demonstrate a propensity to the work of improvement	Future	

2. Integrate safety and QI curriculum elements longitudinally within and across AMC curricula

Component	Status	Notes
Identify specific measurable objectives and determine content/methods/evaluation for interprofessional safety and QI curricular areas where there are current national knowledge gaps (application at the advanced beginner and competent learner levels)	On-going	IPEC faculty group efforts
Incorporate safety and QI curricular content within the existing AMC REACH (Realizing Educational Advancement in Collaborative Health) program	On-going	Interprofessional programming is being reformed to enable institutional sustainability.
Work to incorporate new safety and QI curricular content into individual health professions schools as needed	On-going	New content in safety and quality improvement is being developed within medicine and physician assistant programs.
Develop new tools to measure competency in safety and QI and strive to achieve high Kirkpatrick levels of assessment—going beyond student satisfaction and learning to behavioral and clinical outcomes.	On-going	QIKAT adaptation for interprofessional pre-clinical learners
Implement curricular elements sequentially and use continuous improvement methodology (Plan-Do-Study-Act cycles) to model and accelerate improvement of curricular innovation	Future	
Evaluate curriculum with a focus on meaningful longitudinal student and healthcare outcomes in collaboration with individual schools, interprofessional evaluation efforts as well as clinical affiliates	Future	
Develop strategic plan for sustainability and spread of interprofessional safety and QI experiences to other learning sites locally and nationally	On-going	Alignment with curricular reform processes (PT, PA, Pharm) and IPE changes



2012 FACULTY SCHOLAR PROJECT SUMMARIES

3. Formalize the connection between educational safety/QI and clinical safety/QI at the AMC

Component	Status	Notes
Further engage with local educational safety and QI experts to determine opportunities for spread beyond current discipline or profession-specific scope.	On-going	Safety/Quality Improvement Group
Further engage with local clinical safety and QI experts to identify and negotiate opportunities for students to participate in safety/QI initiatives and to identify patient care and other health system improvement outcomes.	On-going	IPEC group, UCH hospitalist group, local Safety/QI Leaders, student initiatives to identify QI mentors/projects, Nexus Summit
Serve as undergraduate educational representative to the future AMC 'Institute for Healthcare Quality, Safety and Efficiency' (IHQSE) currently being created to assure faculty development in safety and QI	Future	

4. Spread learning from AMC project challenges and successes

Component	Status	Notes
Report curricular developments and outcomes through scholarly publications	Future	
Share best practices through IHI Open School network and interprofessional collaboratives like IPEC	Future	Attending CAB conference—possible future venue





WRENETHA JULION, PHD, MPH, RN, FAAN

Rush University Medical Center

TRANSFORMING INTERPROFESSIONAL EDUCATION AND PROMOTING CULTURAL COMPETENCY THROUGH SERVICE LEARNING

GOALS OF THE PROJECT

The aim of this project is to develop and implement a cultural competency course for interprofessional students at Rush University that incorporates community-based service learning. Community collaborators will direct the nature and scope of the service learning projects so that the projects meet community needs. This course will begin in the College of Nursing and reach, interprofessionally throughout the university. The outcomes of this course are projected to reflect students' attainment of culturally competent knowledge, attitudes, and skills.


STATEMENT OF PROBLEM

This project is particularly relevant and innovative because of the challenges associated with providing students with curricula that prepares them to be safe, competent, and caring professionals, who can care for individuals and communities that are increasingly diverse. It has become standard practice for cultural competency content to be "integrated throughout the curriculum." This approach can be problematic because without standardized curricular content, and a framework for measuring student engagement and learning, outcomes are difficult to measure. Students have voiced and demonstrated that they have limited proficiency in caring for diverse patient populations. Literature suggests that cultural competency training improves knowledge, attitudes, and skills of participants, who can then serve patients and the larger community respectfully and more effectively.

DESCRIPTION OF PROJECT/INTERVENTION

With the assistance of two College of Nursing faculty/graduate students, and feedback from interprofessional students throughout the University, we are developing a 15-week online course based upon interprofessional competencies for educating healthcare professionals. Course content, aligned with five major course objectives, will be presented in five three-week long modules. Experiential learning via service learning, will allow application of skills through direct engagement with persons from neighboring diverse communities. This experiential approach goes beyond the typical "recipe approach," to cultural competency which simply lists the core beliefs, values, norms, practices and behaviors of groups. The course objectives of this college-wide course are as follows:

1. Distinguish how culture and ethnocentrism affect personal and institutional prejudice and discrimination.
2. Demonstrate a conceptual understanding of cultural competence through examining major conceptual models.
3. Prioritize the social and cultural factors that affect health in designing and delivering care across interprofessional contexts.
4. Utilize socially and empirically derived cultural knowledge of people and populations to guide practice and research.

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5. Analyze and transform systems to address social justice and health disparities via service learning.

COURSE EVALUATION

Baseline and post-course assessment of Cultural Competency will be conducted, as will weekly discussion postings and self-reflection exercises. Dr. Julion proposes that student outcomes will reflect: (1) better preparedness to assess, treat, and educate patients who are different from themselves as measured by the development and implementation of a personal framework of culturally competent care; (2) expanded knowledge of cultural beliefs and practices of diverse populations that realistically appraises how health disparities and the social determinants of health influence wellness as measured by development of community- driven service learning projects. Finally students' acceptance and comfort interacting with diverse communities will be assessed from the standpoint of the student, as well as the perspective of the community service learning sites via qualitative and quantitative metrics.

PROGRESS TO DATE

We reviewed the cultural competency literature and used interdisciplinary pedagogies (nursing, medicine, physician assistant, public health, occupational therapy, physical therapy, and speech language pathology) to develop course objectives, course content, and course activities. This course, which is relevant for students across colleges, addresses concerns that nursing students may not enroll in sufficient numbers. Further, since the entire university is also currently engaged in an interprofessional quality improvement initiative, necessary buy-in across colleges is enhanced. Key questions about the social desirability of cultural competency assessments have been addressed and a valid and reliable cultural competency social desirability index has been located in the literature (*Multicultural Social Desirability Scale* (MCSD: Sodowsky). A key expert in community-based service learning from the Harvard Macy Institute has agreed to consult on service learning implementation. With guidance from Dr. Julion's mentor, two sites in neighboring communities have been identified to serve as inaugural service-learning sites.

KEY LESSONS LEARNED

A small enthusiastic group of current students are actively engaged in community-based volunteerism, illustrating that not all students have limited proficiency in caring for diverse patients and communities. This core group of students is important to future course implementation as they can serve as course ambassadors who can help break down stereotypes and assuage fears about community engagement. Additionally, implementation of a successful pilot is vital to future success.

UNANSWERED QUESTIONS

Will student participation in the course achieve the aims we are seeking; and are our assessments sensitive enough to detect changes? How time intensive is service-learning facilitation, which is vital for project success?



2012 FACULTY SCHOLAR PROJECT SUMMARIES

PLANS FOR THE COMING YEAR

July–September	Finalize course development and course evaluation metrics, complete course approval process, and plan for sustained course implementation.
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October–December	Finalize service learning (SL) sites; Develop plan for site facilitation, monitoring of students, and problem solving.
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January–May	Pilot the course with 15 students from nursing during the Winter Term and make modifications based upon course evaluation and community-partner feedback.
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June–August	Implement the course full scale (20 students) in the Spring Term and pilot the inclusion of interprofessional students (5 students). Possibly expand number of SL sites. Ongoing evaluation
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PERSONAL ACCOMPLISHMENTS

Dr. Julion’s personal scholarship has also been enhanced as a result of Macy Foundation funding. During the first 10 months of funding, Dr. Julion has submitted her promotion materials for full professor (status pending), submitted a RO-1 NIH Grant, prepared a proposal for a pilot study for internal funding, submitted two manuscripts to peer reviewed journals (in review), and presented poster and podium presentations at three regional conferences.





TED JAMES, MD, FACS

The University of Vermont College of Medicine

PATIENT SAFETY AND QUALITY IMPROVEMENT CURRICULUM

INTRODUCTION


The purpose of the patient safety curriculum is to prepare medical students for the pressing needs to address patient safety, quality improvement, and reliability in health care delivery. The complexity of health care demands that skills be developed to ensure that systems are designed to protect patients and optimize clinical outcomes. Little focus is traditionally given to these topics in medical school. Teamwork and communication is a critical component of this curriculum. The patient safety curriculum serves as an entry point to the issues of patient safety and quality improvement in health care and provides a foundation upon which to further develop the requisite skills. The curriculum is designed to be longitudinal and incorporate elements of simulation-based education and interprofessional education. The following is a summary of the progress to date and future steps required.

PATIENT SAFETY AND QUALITY IMPROVEMENT COURSE

The primary course on patient safety and quality improvement has been implemented and is given early during the third year of medical school. Students are required to complete pre-course work consisting of selected articles and modules from the Institute for Healthcare Improvement. The course invites participation from nursing students and pharmacy students. The format of the course starts with an interactive discussion on the fundamentals of patient safety and quality improvement science. Students then break into small groups to review actual cases of medical error and analyze the factors contributing to the adverse events. The students then present the cases to the class as well as a panel of experts. This serves as a mini-root cause analysis exercise allowing students to delve into the systems issues behind medical errors. Another element of the course recently introduced is the patient safety room of horrors. An inpatient room is set-up in the simulation center with several intentional patient safety errors or risks. Students work in teams to survey the room and list as many of the errors/risks they can identify. The students then review their lists in the large class and discuss methods of redesign to remove or buffer against these potential threats to patient safety. The course averages 4.5/5 from student evaluations. Comments are that the topic is important, the format is effective and valuable skills are learned. Data from the course evaluations of n=50 students demonstrate that over half of these students have experienced a patient safety issue during their clinical rotations, and only 12% report these errors. Only 36% were aware of a systems-based approach to addressing medical errors such as root cause analysis. Approximately 90% of students feel more empowered to act on a safety issue as a result of the course.

MOCK PAGES AND BEDSIDE SIMULATION PILOT PROGRAM

The Mock Pages program is a pilot project run through the College of Nursing and the College of Medicine utilizing the resources of standardized patients and the simulation center. The program is currently provided to 4th year medical students entering a surgical career and participating graduating nursing students. The session begins with a nursing student evaluating a standardized patient (SP) in the simulation center. The SP is having atypical chest pain and the nurse must assess the patient and call the 'physician' on-call. The 'physician' is a fourth year medical student who receives the call and must ask appropriate questions and provide instruction over the phone prior to coming to the bedside. Once the medical student arrives at the patient's bedside, the simulation continues for a few minutes and then the facilitator ends the session and starts the formal debriefing. During



the debriefing session the nursing and medical students receive feedback on their clinical management as well as their communication and teamwork. Preliminary feedback from both medical and nursing students has been extremely positive. Both appreciate the opportunity to practice clinical management in a realistic yet safe environment, as well as the opportunity for early interaction with a member of the healthcare team outside of their own profession.

BARRIERS/CHALLENGES/PROPOSED SOLUTIONS

One of the barriers to incorporating IPE is the frequently conflicting schedules of the various health profession schools. Another challenge is the time, resources, and expertise required to conduct multiple, large volume IPE; especially those utilizing simulation. Reductions in budgets and faculty teaching time present additional limitations. An IPE faculty group has been established to address the complexity and challenges of coordinating and delivering IPE programs. The faculty group will help to harmonize existing courses in order to facilitate more IPE opportunities. The group will also serve to build a critical mass of educators capable of moderating IPE sessions. Several IPE training sessions have already been developed through both the College of Medicine and College of Nursing, and a growing number of faculty members are exploring incorporating IPE into educational sessions. Grant funding will be sought after as a means to help support faculty teaching time and provide resources required for the IPE simulation programs.

FUTURE STEPS

Plans are underway to incorporate fundamentals of patient safety into the 1st year professionalism course. Content will be derived from the IHI patient safety modules. Nursing students will be invited to join this session. The 2nd year medication safety course is being redesigned to incorporate IPE (medical students and pharmacy students); with content based on the World Health Organization medication safety course.

Methods of robust assessment of the effectiveness of these courses are being investigated. Ideally, we would like to evaluate the long-term impact of the curriculum on the student's future clinical performance on the wards, approach to patient safety, and interprofessional interaction with other members of the health care team.




KENYA BEARD, EDD, GNP-BC, NP-C, ACNP-BC

Hunter College Hunter-Bellevue School of Nursing

MULTICULTURAL EDUCATION TRAINING SESSION (METS)

SUMMARY OF ACTIVITIES

- Developed survey instrument for METS study
- Created an announcement to recruit participants for the study
- Met with Marge Reilly (Fellow for faculty development at City University of New York) to gain support for program. Asked to conduct a workshop for new faculty who are participants in the Leadership Institute for Nursing Education (June 18th)
- Obtained IRB approval to conduct a study on multicultural education
- Conducted a telephone interview regarding the ME project for publication in the Josiah Macy Jr. Foundation annual report.
- Completed the Harvard Macy Application and attended the 2 ½ week session for Educators in the Health Professions
 - Presented a poster on ME at the last session
- Developed a 6-hour workshop with the assistance of Dr. Carter-Andrews
 - Worked with Dr. Carter-Andrews on a monthly basis to develop workshop
 - Objectives identified
 - Define critical multicultural education
 - Discuss significance of workforce diversity
 - Identify attitudes towards teaching culturally diverse students
 - Discuss strategies for integrating dimensions of ME into nursing education
 - Identify practices that promote learning for cultural diverse students
 - Summarize barriers to implementing ME strategies in nursing education
 - Design pedagogical practices that reflect understanding of critical multicultural education
 - Content discussed
 - Introduction to critical multicultural education (CME)
 - Perceived benefits of diversity
 - Role of culturally responsive learning environments
 - Reflection on personal attitudes toward teaching culturally diverse students
 - Interactive mini-lecture on dimensions of multicultural education
 - Implementing culturally responsive pedagogy
 - Using syllabus to identify culturally responsive practices
 - Developing a syllabus that reflects understanding of CME
 - Teaching methods identified

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- Individual reflective writing, interactive discussion, pair and share exercises, small group work/discussion, whole group work/discussion, twitter
 - Filed application and received approval from the Arizona State Nurses Association to award 6 contact hours
 - Completed paper from pilot study on the practices and preparedness of faculty to implement multicultural education. Paper submitted to Journal of Transcultural Nursing and revisions in progress.
 - Presented at the Professional Nurse Educators Group Conference and the National Organization of Nurse Practitioner Faculty on Multicultural Education
 - Submitted a viewpoint on *Increasing Minority Representation in Nursing* to the American Journal of Nursing. The viewpoint was published in Feb. 2013
 - Submitted an article on *Strengthening the Ethnic and Racial mix of Nursing: A Suggestion for Educational Reform* to the National Black Nursing Association Newsletter. The article was published in May 2013
 - Received approval from dean to develop a Center for Multicultural Education & Health Disparities
 - Mission: The Center aims to reduce health disparities and improve the health of the nation by preparing a diverse, culturally-sensitive healthcare workforce. The Center disseminates educational research and best practices in pedagogy that promote an environment of inclusion and academic excellence for all students, while strengthening the capacity of academic institutions to recruit, retain, and graduate students from diverse backgrounds.
 - Link to website <http://achur8.wix.com/hbsonmultied>



EVE R. COLSON, MD

Yale University School of Medicine

USING CONTINUITY OF TEACHING, PATIENT CARE, AND INTERPROFESSIONAL LEARNING: AN INNOVATIVE CLINICAL CURRICULUM AT YALE

Yale University School of Medicine is in the midst of designing and implementing a completely new curriculum. As part of this redesign, there will be a new longitudinal clinical experience that will begin on the first day of school. As part of her Macy project, Dr. Colson has been overseeing the design and implementation of that experience. She has been involved in all aspects of the larger curriculum planning process including the initial strategic planning, structural design of the curriculum and, with faculty colleagues from the School of Nursing and the Physician Associate Program, she led the interprofessional Longitudinal Clinical Experience (LCE) Task Force. Beginning this fall, she, in collaboration with her colleagues from the other health professional schools, will oversee the pilot program based on the Task Force recommendations that will include a longitudinal, patient-centered experience where advance practice nursing students, physician assistant students, and medical students work together as a team following a panel of patients while being supervised by interprofessional faculty.



ALAN DOW, MD, MSHA

Virginia Commonwealth University

The goal of Dr. Dow's project was to create, implement, and research interprofessional education (IPE) at Virginia Commonwealth University. The campus has a 175 year history of educating health professionals across five health science schools, but, until recently, the 4,400 students in these programs only learned about providing health care within their own discipline. This isolated approach to education changed when Dr. Dow became a Macy Faculty Scholar.

Because of programs led by Dr. Dow, the institution now has over 1,500 students engaged in IPE programs annually. Collaborative educational experiences range from community clinics for indigent patients, simulation-based sessions on managing acutely ill hospitalized patients, and virtual case interactions that allow students to interact asynchronously to learn about the care of frail older adults. Each program is evaluated within the national competency framework for IPE to ensure each educational experience builds towards the goal of graduating collaborative health care practitioners.

To organize these efforts, Dr. Dow founded and now directs the Center for Interprofessional Education and Collaborative Care. Under this aegis, he and his colleagues have sought to innovate locally and disseminate broadly. In the past year, he has published work in several peer-reviewed journals including *Academic Medicine*, *The Journal of Continuing Education in the Health Professions*, and *The Journal of Interprofessional Care*. Dr. Dow has also presented at meetings for the American Association of Medical Colleges, the American Dental Education Association, the American Association of Colleges of Pharmacy, the Interprofessional Education Collaborative Institute, the Harvard-Macy Institute's Program for Educators in the Health Professions, and Collaborating Across Borders. Recently, he mentored an interprofessional team that was awarded a \$1.5 million grant from the Health Resources and Services Administration. Through this grant, he and his colleagues will implement and evaluate a program to train advanced practice nurses to lead interprofessional teams focused on improving the health of indigent older adults.



DENA H. HASSOUNEH, PHD, ANP, PMHNP

Oregon Health & Science University School of Nursing

The overall goals of this project are to develop a theoretical understanding of the experiences of faculty of color in health professions educational institutions to inform successful future recruitment and retention, and efforts to identify and address the needs of faculty of color in developing their academic careers. To this end, Dr. Hassouneh's national grounded theory study of the experiences of faculty of color in nursing and medicine begun in year one has been expanded to include pharmacy and dentistry in the second year of this Macy Faculty Scholar Award. To date, interviews have been conducted with 86 faculty of color including 23 from nursing, 29 from medicine, and 34 from pharmacy. Interviews have been conducted with faculty from 38 states representing all regions of the country. Data collection has been concurrent with data analysis and continues with a current emphasis on recruitment of and data collection from dentistry faculty. In year two, based on feedback from diversity programs, faculty of color participants, and key informants, a decision was made to use the findings of this research to benefit faculty of color and their mentors by writing a book to provide a resource that could be used nationally. The proposed book will provide an in-depth description of findings from the grounded theory and describe practical strategies for addressing the barriers and challenges experienced by faculty of color identified in the study. This book will be the first of its kind to address issues pertaining to faculty of color in health professions education.



JENNIFER S. MYERS, MD

University of Pennsylvania Perelman School of Medicine

Dr. Myers' work as a Macy Faculty Scholar is focused on integrating and aligning graduate medical education with institutional quality improvement (QI) and patient safety (PS) programs. She has developed a toolkit of strategies to approach this topic over the past two years. She has developed an elective, longitudinal training pathway, the Healthcare Leadership in Quality Track, for residents at Penn which is focused on identifying and training a pipeline of future leaders in QI and PS. Concurrent with this effort, she has created a resident-run council in which residents meet monthly to discuss QI/PS issues and execute improvement projects that are aligned with the health system and resident needs. The Track has enrolled 23 residents from 8 different clinical specialties in 2013 and the Council has approximately 30 resident members. Both are fully supported by the University of Pennsylvania Health System and the Office of Graduate Medical Education at Penn. As faculty development in QI/PS remains a barrier to resident education and engagement in the field, she designed a symposium for Safe Transitions of Care in 2012 as a model for future institutional faculty development in other QI/PS topic areas for GME educators.

In her second year of the Macy Faculty Scholars Program, she has formed a taskforce to develop a conceptual framework, strategies, and tactics to teach and engage all residents in QI and PS in preparation for the Accreditation Council of Graduate Medical Education's (ACGME) new Clinical Learning Environment Review Program. This framework will focus to educate, engage, promote interprofessional collaboration, and measure resident involvement in QI/PS at the individual residency program and institutional level. She is also working closely with the medical school to create an educational foundation in QI/PS in Penn's undergraduate medical education curriculum. Concurrent with her appointment as a Macy Faculty Scholar, Dr. Myers was appointed the first Director of Quality and Safety Education for the Perelman School of Medicine at the University of Pennsylvania and recently was named the Associate Designated Institutional Official for Quality and Safety for Graduate Medical Education at Penn.



ROBERTA WAITE, EDD, APRN, CNS-BC

Drexel University College of Nursing and Health Professions

The Macy Undergraduate Leadership Fellows Program (MULFP) is a voluntary, for-credit, leadership certificate program designed for students in the undergraduate nursing program at Drexel University. The program primarily focuses on developing leadership skills in order to enhance leadership capacity and efficacy. Secondary initiatives target the enhancement of interprofessional learning and the development of cultural awareness and sensitivity skills to support the care of underserved populations and effectively address complex professional concerns while cultivating a safe and inclusive environment. The program is constructed around four pillars: Kouzes and Posners Leadership Framework, Self, Seven Macy Commitments, and the Macy Toolkit. Initially, the program consisted of six one-credit courses that were taken concurrently with a student's academic classes. The first class of 14 students graduated in June 2013.

Novel changes have been made for the second class of Macy Undergraduate Leadership Fellows who will enter in September 2013. After a competitive application process, the incoming class consists of 20 students from health services administration, health sciences, and nursing majors with students ranging from sophomore to senior level. The students also encompass a diverse group of race, ethnicity, and gender.

Since its inception, the program has changed in the following ways:

1. MULFP is now offered to all undergraduate health profession students in the College of Nursing and Health Professions (health sciences, health services administration, nutrition, radiology services, behavioral health counseling, and nursing), from the sophomore to the senior levels.
2. The program remains voluntary and credit driven, but now also consists of three three-credit courses that offer didactic and experiential initiatives presented consecutively in the fall, winter, and spring quarters.
3. Mentors and the National Advisory Panel consist of interdisciplinary professionals and mentors provide guidance to individual students and the advisory panel for the program as a whole.
4. A core group of interprofessional faculty will be teaching courses and further refining programmatic initiatives/experiences, including evaluation, as the program progresses.









44 EAST 64TH STREET
NEW YORK, NEW YORK 10065